

Name
in
Full

Mary Alice Akers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

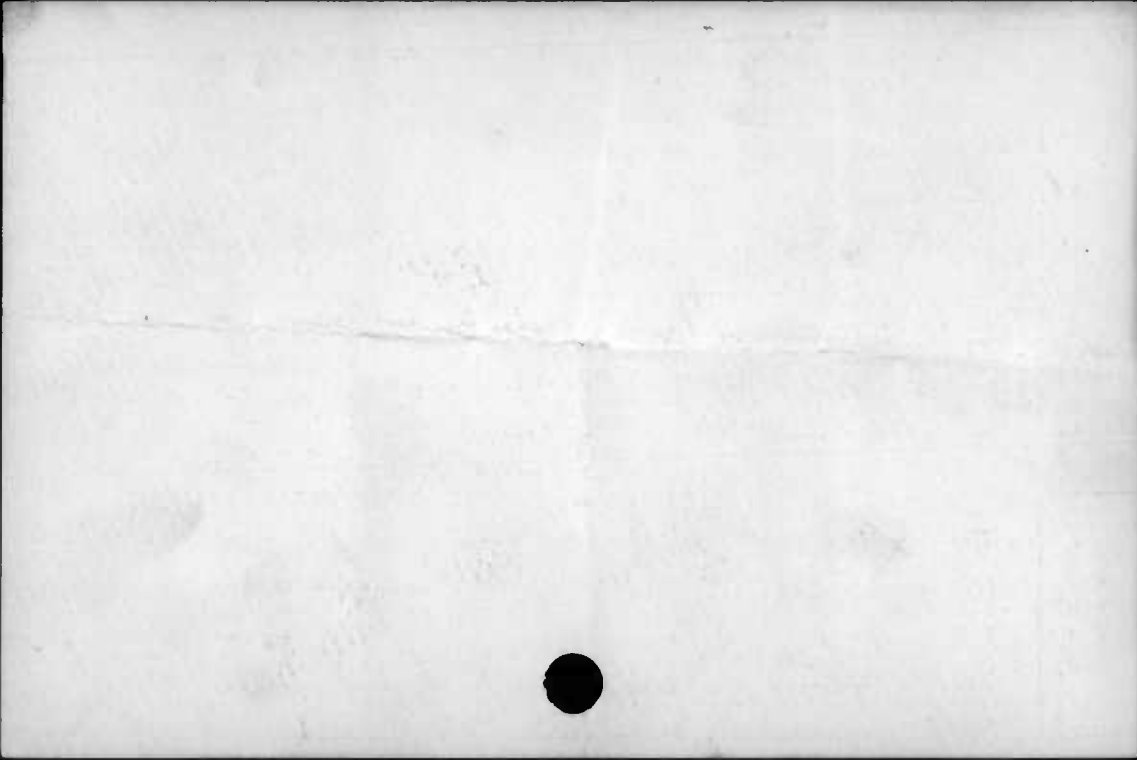
Died ^{Town} near Churchville		^{County} Harford		MARYLAND	
Date of death	1908	Month	May	Day	1
Age		53		Years	
Sex		Female		Color or Race	White
Occupation		Housewife		Birth-place	near Calvary
Where Residing if not at place of death					
Married, Single or Widowed	Married		Name of Wife or Husband	John C. Akers	
Father's Name	Jesse Bullum			Father's Birthplace	Ind.
Mother's Maiden Name	Leison Preston			Mother's Birthplace	Ind.
Name of person giving information	John C. Akers			How related to deceased	Husband

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	11 yrs.
Immediate	Exhaustion	How long	3 weeks.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Chas. H. Smith
		Address	Abundant, Ind.
Accident or Suicide?			



Name
in
Full

Lydia Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Seabrook</u> <small>Town</small>		<u>Hamp</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>May</u> <small>Month</small>	<u>16</u> <small>Day</small>	Age <u>79</u> <small>Years</small>	<u></u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind.</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>Seabrook</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>John Bailey</u>				
Father's Name <u>Hegadiah Seabrook</u>	Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Miss Elizabeth Albert</u>	Mother's Birthplace <u>Ind.</u>				
Name of person giving information <u>Gaea Thompson</u>	How related to deceased <u>none</u>				

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary <u>Broken Hip</u>	How long <u>Two weeks</u>
Immediate <u>Organic Heart Disease</u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Charles H. Gandy</u>
	Address <u>Street Ind.</u>
Accident or Suicide? <u></u>	



Name
in
Full

CERTIFICATE OF DEATH

Maggie A. Baldwin

Died at ^{Town} Bel Air ^{County} Howard

MARYLAND

Date of death 190 ^{Month} May ^{Day} 15 ^{Age} 42 ^{Years} ^{Months} ^{Days}

Sex Female ^{Color or Race} White ^{Birth-place} Md.

Occupation Housewife ^{Where Residing if not at place of death} Bel Air Md.

Married, Single or Widowed ^{Name of Wife or Husband} John Baldwin

Father's Name John Carroll ^{Father's Birthplace} Ireland

Mother's Maiden Name Anna Martin ^{Mother's Birthplace} Md.

Name of person giving information Maggie Martin ^{How related to deceased} Cousin

CAUSES OF DEATH

Primary Carcinoma Multiple ^{How long} 1 year

Immediate Estimation

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

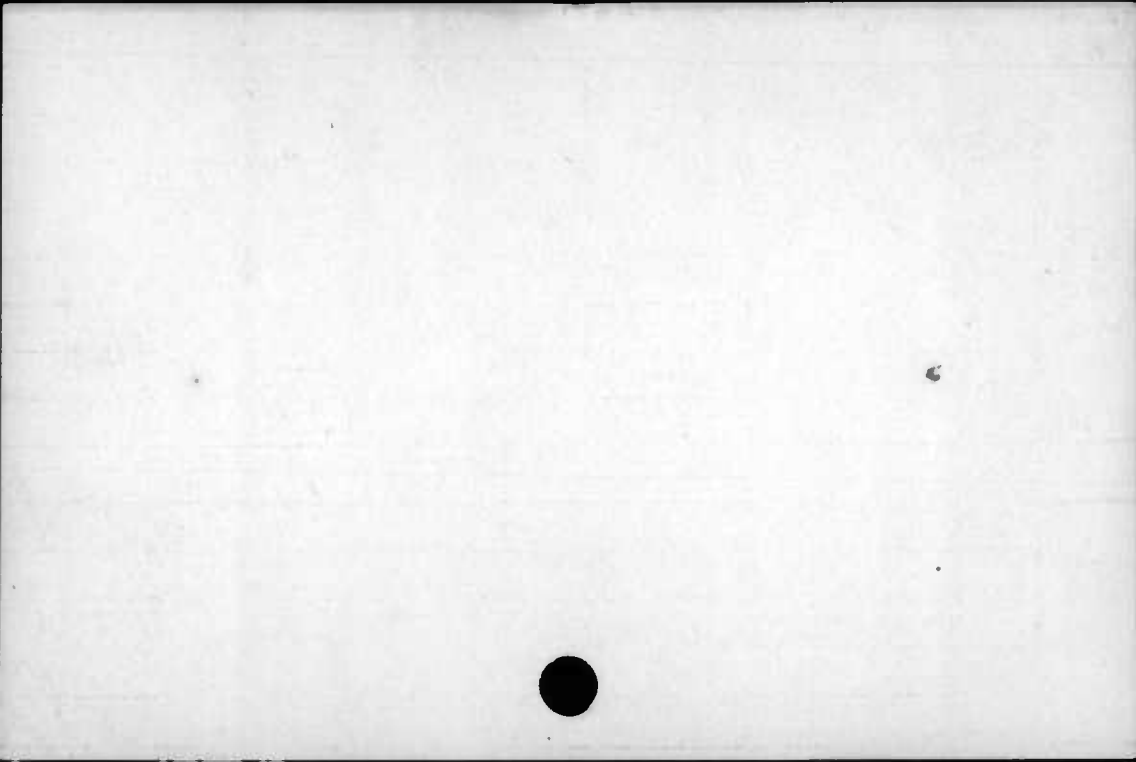
R. S. Page
Bel Air

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bay Ridge</i> <small>Town</small> <i>Starford</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i> <small>Month</small> <i>May</i> <small>Day</small> <i>24</i> <small>Years</small> <i>76</i> <small>Months</small> <i>3 mo</i> <small>Days</small> <i>4</i>	Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>England</i>
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Isabel Baughman</i>		
Father's Name <i>Chas Akhurst</i>	Father's Birthplace <i>England</i>		
Mother's Maiden Name <i>Ruth Marcia Frost</i>	Mother's Birthplace <i>England</i>		
Name of person giving information <i>Mrs Ella Popka</i>	How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Arterio-sclerosis</i>	How long <i>—</i>
Immediate <i>Apoplexy</i>	How long <i>16 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas R. Th</i>
	Address <i>Edgewood</i>
Accident or Suicide?	



Name
in
Full

Charles Deels

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Abingdon		County Harford		MARYLAND	
Date of death	1908	Month May	Day 1 st	Age 49	Years	Months 4	Days 1
Sex	Male		Color or Race	White		Birth-place	
Occupation	Farmer			Where Residing if not at place of death		Abingdon	
Married, Single or Widowed	Widowed		Name of Wife or Husband				
Father's Name	Not Known				Father's Birthplace	Not Known	
Mother's Maiden Name	Not Known				Mother's Birthplace	Not Known	
Name of person giving Information				Mr. Belker		How related to deceased	Nephew

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary	Cerebro Spinal Meningitis		How long	Three days 1/2
Immediate	Asphyxiation by paresis		How long	6 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Richard Oppermann
			Address	Abingdon, Md.
Accident or Suicide				

March

1
2
3
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11
12



Name
in
Full

Harriet Ellen Bond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Darlington		County Hanford		MARYLAND	
Date of death		Month 1908	Day 15	Age	Years 50	Months 6	Days 10
Sex		Female		Color or Race		Colored	
Occupation		Housewife		Birth-place		Maryland	
Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Husband		Theo. Bond	
Father's Name		William Billingslea		Father's Birthplace		Maryland	
Mother's Maiden Name		Eliza Maxwell		Mother's Birthplace		Maryland	
Name of person giving information				How related to deceased			

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary	Rheumatism	How long	3 or 4 yrs
Immediate	Endocarditis	How long	2 years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		M. J. C. M. Darlington, Md.	



Name
in
Full

Lloyd M Bond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bel Air</u> <small>Town</small>		<u>Hanford</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u>	Month <u>May</u>	Day <u>4</u>	Age <u>19</u> Years	Months <u>10</u> Days <u>4</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Bel Air Md</u>		
Occupation <u>Labourer</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Charles Bond</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Fannie Moon</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Sula Montgomery</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>1 year</u>
Immediate <u>Estradiol</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>R. S. Gray</u>
	Address <u>Bel Air</u>
Accident or Suicide?	

Page

Hendon

Name
in
Full

Augustus A. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

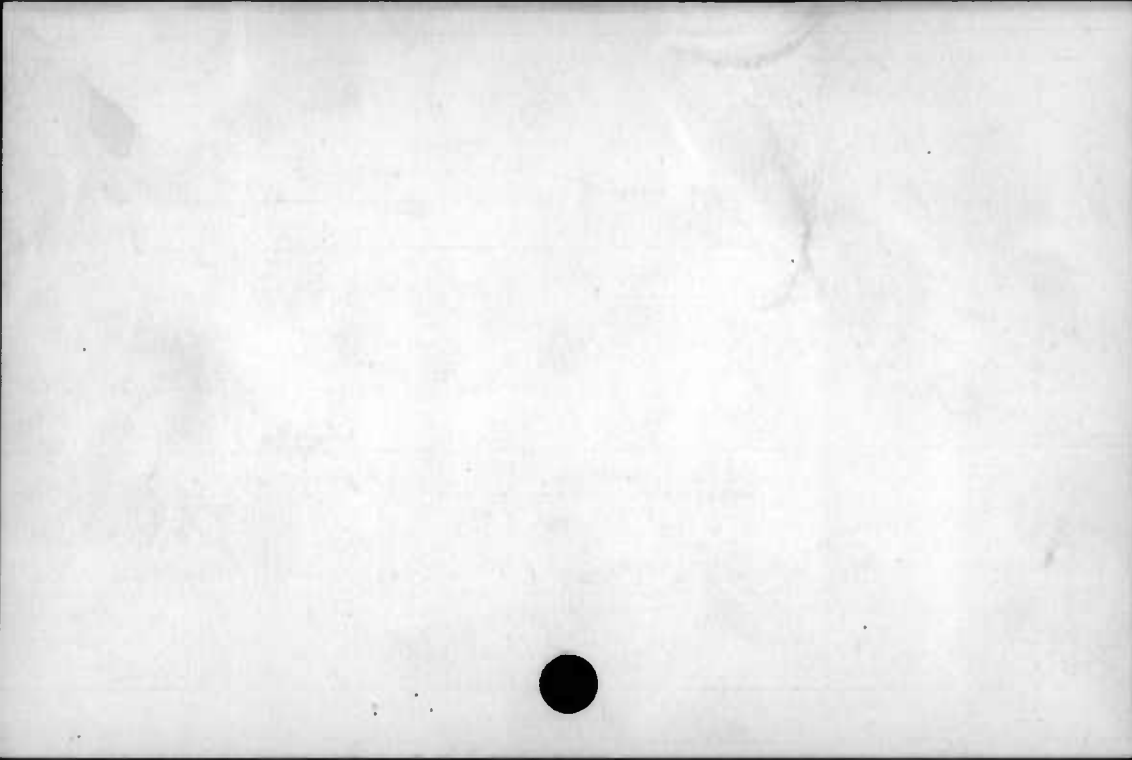
Died at		Town Havre de Grace.		County Harford		—		MARYLAND	
Date of death		1908	Month May	Day 15 th	Age 44	Years		Months	Days
Sex		Male		Color or Race		Black		Birth-place Havre de Grace	
Occupation Laborer				Where Residing if not at place of death —					
Married, Single or Widowed		Married		Name of Wife or Husband Francis De Courceny.					
Father's Name		Parson Brown				Father's Birthplace		Pennsylvania	
Mother's Maiden Name		Unknown				Mother's Birthplace		Unknown	
Name of person giving information J. J. De Courceny				How related to deceased		Brother in Law			

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary	Typhoid fever		How long	3 weeks
Immediate	Heart Complication		How long	1
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		R. W. Smith		
Address		Havre de Grace		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

Margaret blending
Darlington Town Hartford County

MARYLAND

Died at
Date of death 1908 May 13th Age 78 Years 11 Months 2 Days

Sex Female Color or Race White Birth-place Ireland

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband John blending.

Father's Name Dennis Gallagher Father's Birthplace Ireland.

Mother's Maiden Name Mary M^c. Duaid Mother's Birthplace Ireland.

Name of person giving information Mrs. b. Hern How related to deceased Daughter.

CAUSES OF DEATH

64

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

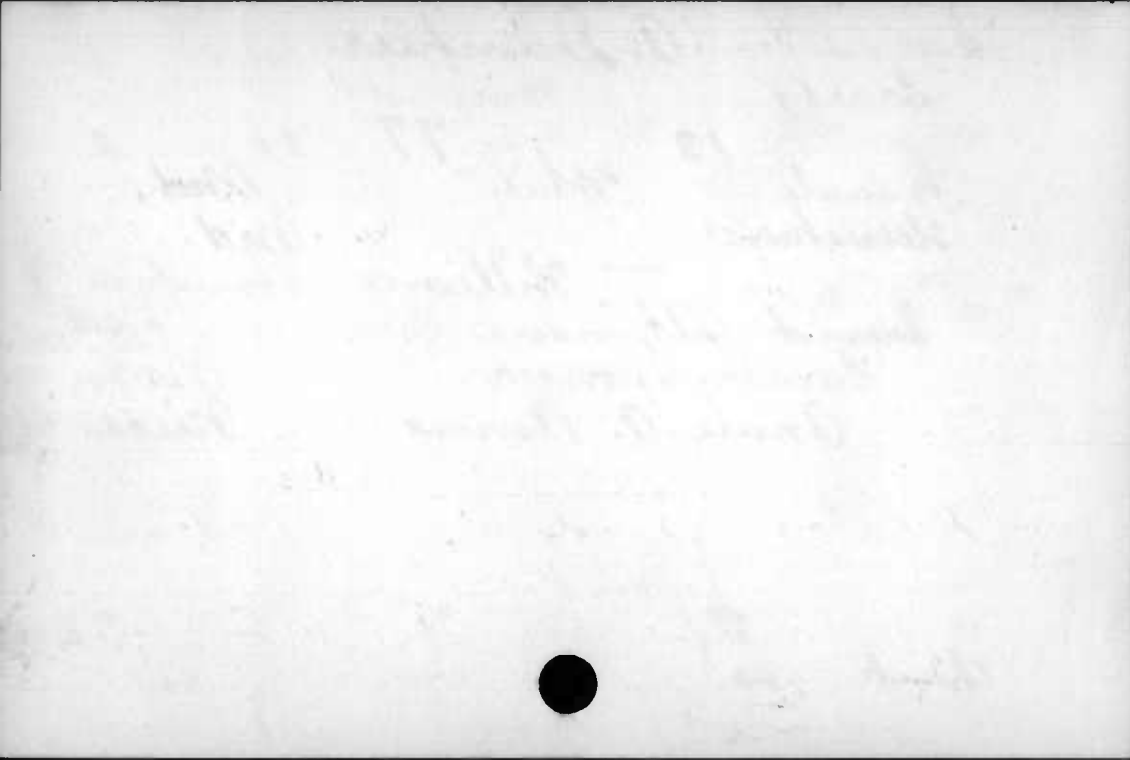
Name in Full <i>Floyd J Clinton</i>				Town <i>Starnesdale</i>				County <i>Stamford</i>				State <i>MARYLAND</i>			
Died at		Date of death		Month		Day		Age		Year		Months		Days	
1908		May		19				Unknown							
Sex <i>Male</i>				Color or Race <i>Negro</i>				Birth-place <i>Unknown</i>							
Occupation <i>Unknown</i>				Where Residing if not at place of death <i>Don't know</i>											
Married, Single or Widowed <i>Don't know</i>				Name of Wife or Husband <i>Don't know</i>											
Father's Name <i>Don't know</i>				Father's Birthplace <i>Don't know</i>											
Mother's Maiden Name <i>Don't know</i>				Mother's Birthplace <i>Don't know</i>											
Name of person giving information				How related to deceased											

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Killed on Railroad</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Mattingly</i>	
<i>P. B. & W. R. Railroad</i>		Address <i>Starnesdale</i>	
Accident or Suicide? <i>Accident</i>		<i>Ind</i>	



Name
in
Full

Sarah A. A. Dampier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

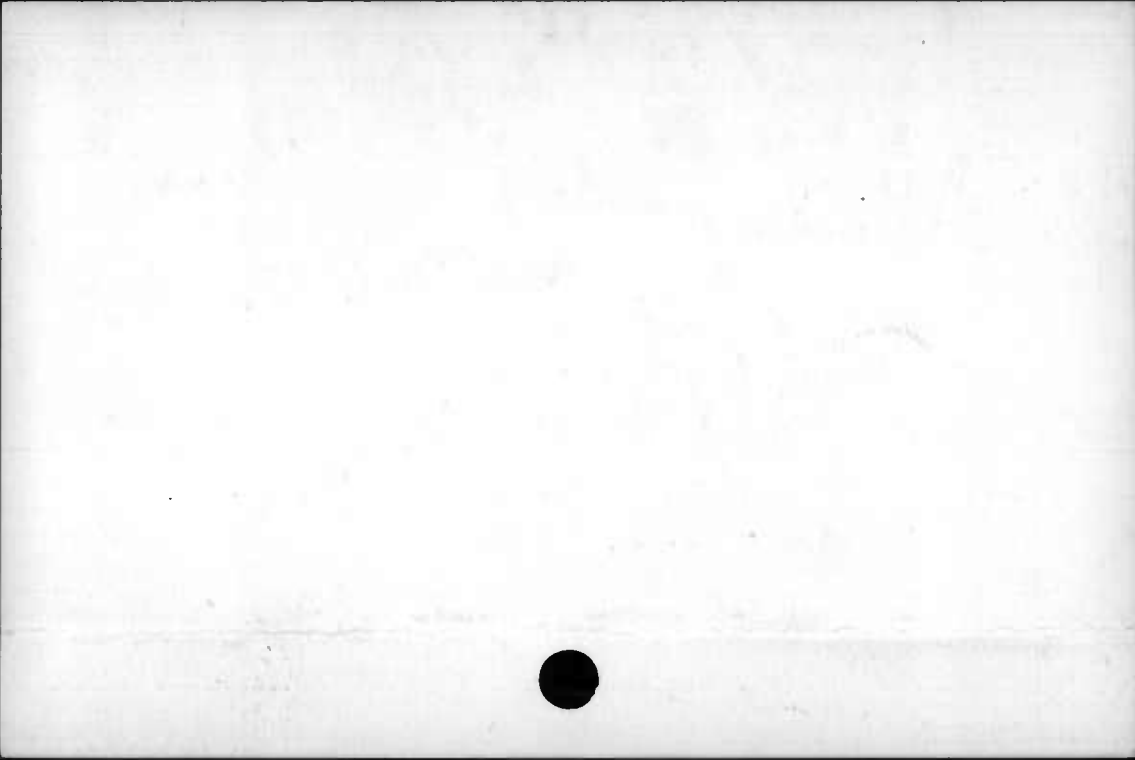
Died at		Town Scarf		County Harford		MARYLAND	
Date of death		1908	Month May	Day 13	Age Years	77	Months 11 Days 2
Sex		Female		Color or Race		White	
Occupation		Housekeeper		Where Residing if not at place of death		Md.	
Married, Single or Widowed		Single		Name of Husband		William Dampier	
Father's Name		David Atkinson				Father's Birthplace	
Mother's Maiden Name		Sarah Spencer				Mother's Birthplace	
Name of person giving Information		Annie A. Amos				How related to deceased	
						Niece	

CAUSES OF DEATH

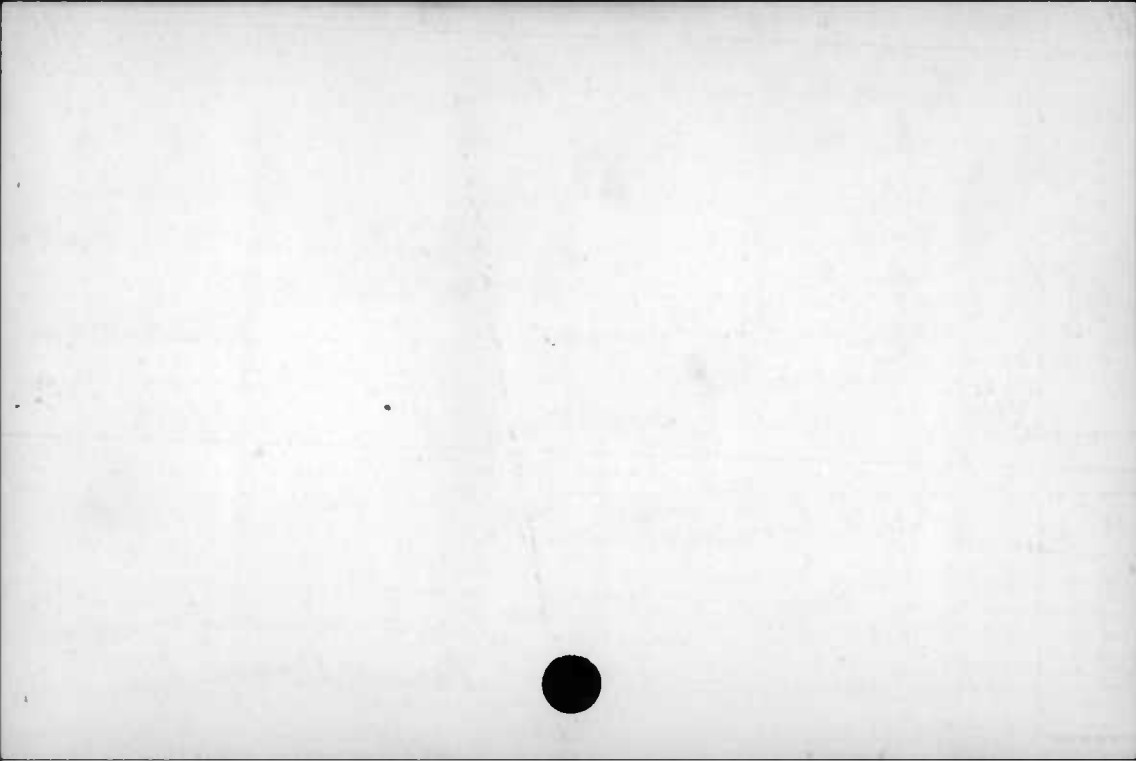
66

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	Several Years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Think so		Geo T. Davis	
		Address	
		Baltimore, Md.	
Accident or Suicide?			



Name in Full		Lewis J. Fresh				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town <i>Board de Grace</i>		County <i>Harford</i>		MARYLAND	
	Date of death	1908	Month <i>May</i>	Day <i>8</i>	Year <i>67</i>	Months <i>-</i>	Days <i>-</i>
	Sex	<i>Male</i>		Color or Race	<i>White</i>		
	Occupation	<i>Labon</i>		Where Residing if not at place of death	<i>Board de Grace</i>		
	Married, Single or Widowed	<i>Married</i>		Name of Wife	<i>Anna Miller</i>		
	Father's Name	<i>Jacob Fresh</i>			Father's Birthplace	<i>Germany</i>	
	Mother's Maiden Name	<i>Mary Prosser</i>			Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Mrs Edith Burr</i>			How related to deceased	<i>Niece</i>		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">82</div>							
PHYSICIAN OR CORONER	Primary					How long	
	Immediate	<i>Cerebral Embolism</i>				How long <i>36 hours</i>	
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician	<i>R H Smith</i>		
				Address	<i>Board de Grace Md</i>		
Accident or Suicide?							



Name
in
Full

George R. Galloway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harre de Grace</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>28</i>	Age <i>-</i>	Years <i>-</i>	Months <i>-</i>	Days <i>5</i>	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Harre de Grace</i>				
Occupation <i>None</i>	Where Residing if not at place of death			<i>" " "</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>						
Father's Name <i>Rufus Galloway</i>	Father's Birthplace <i>Harre de Grace</i>						
Mother's Maiden Name <i>Bertie Hill</i>	Mother's Birthplace <i>Harre de Grace</i>						
Name of person giving information <i>Rufus Galloway</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Sick from birth</i>	How long <i>5 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. J. Pennington Undertaker</i>
	Address <i>Harre de Grace</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Commerton</i> ^{Town}		<i>Harpard</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>May</i>	Day <i>1</i>	Age <i>69</i>	Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birthplace <i>Ind.</i>		
Occupation <i>Nurse</i>	Where Residing if not at place of death <i>Commerton</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Augustus Gittings</i>				
Father's Name <i>Richard Hamilton</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Katie Richardson</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Mary E. Watts</i>	How related to deceased <i>Daughter</i>				
CAUSES OF DEATH			(66)		

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>15 years</i>
Immediate <i>hemorrhage</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas. E. Roth</i>
	Address <i>Harpard</i>
Accident or Suicide?	

Mountain

Name
in
Full

Nicholas B. Greenland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

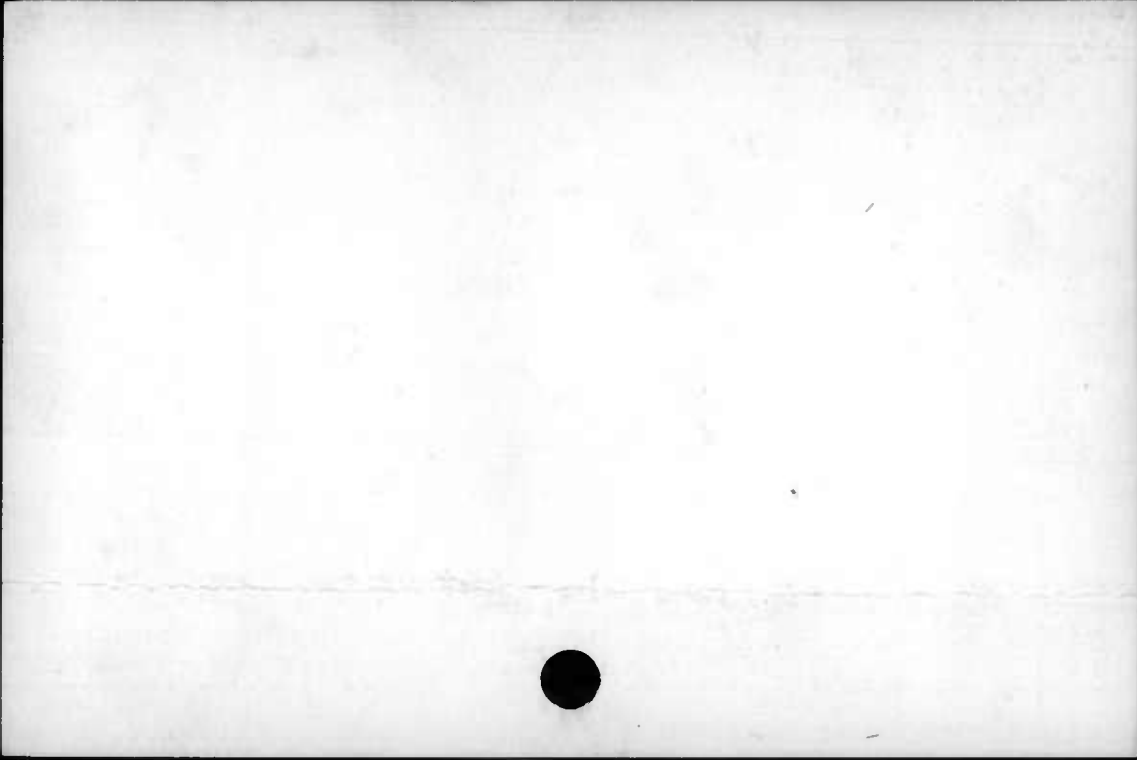
Died at		Town Coopertown		County Warford		MARYLAND	
Date of death		1908	Month May	Day 6	Age 71	Months 4	Days
Sex Male		Color or Race White		Birth- place Md.			
Occupation Farmer		Where Residing if not at place of death Md.					
Married, Single or Widowed		Name of Wife or Husband Sarah E. Greenland					
Father's Name Aguilla Greenland		Father's Birthplace Md.					
Mother's Maiden Name Warriest-Cloman		Mother's Birthplace Md.					
Name of person giving In formation William Greenland		How related to deceased Son					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Paresis	How long	2 1/2 years
Immediate	Exhaustion & Typhemia	How long	about 1 week
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		H. F. Bradley	
Address		Garrettsville Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

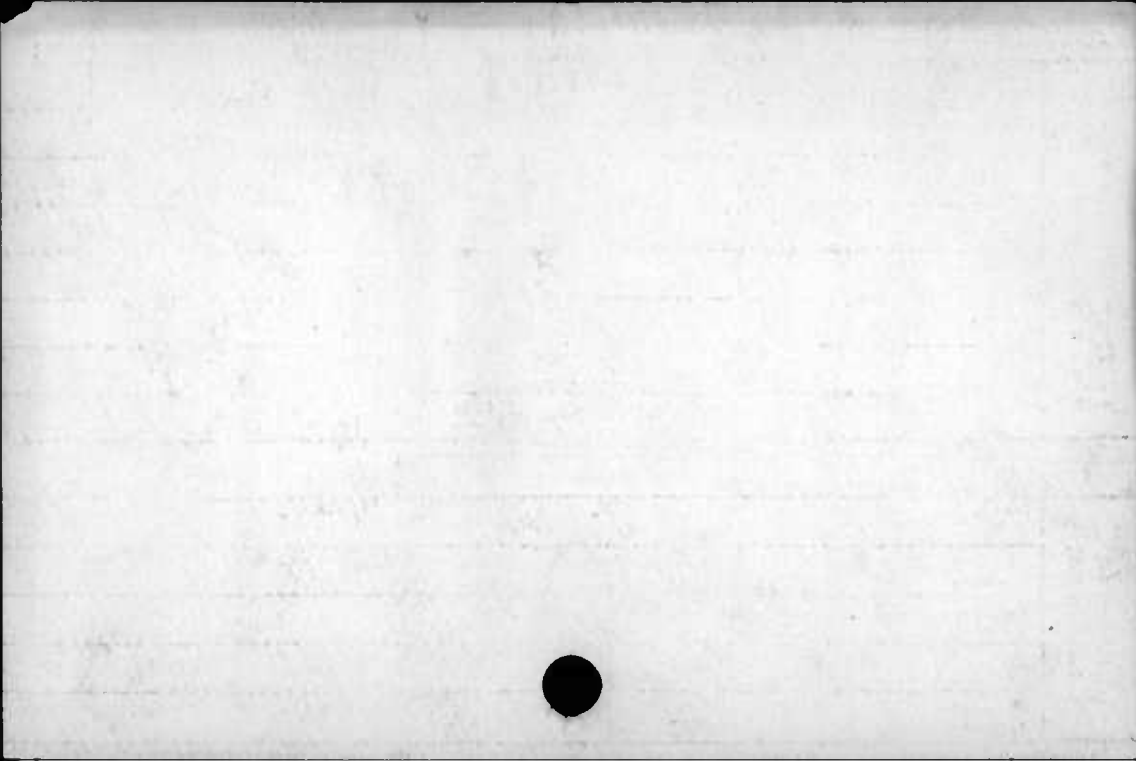
Died at <i>Forest Hill Maryland</i>		Town <i>Forest Hill</i>		County <i>Maryland</i>	
Date of death <i>1908</i>		Month <i>May</i>	Day <i>27</i>	Age <i>48</i>	Months <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>	
Occupation <i>Blacksmith</i>		Where Residing if not at place of death <i>Forest Hill</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Martha Gunther</i>			
Father's Name <i>Leonard Gunther</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Julia Stingle</i>		Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>Martha Gunther</i>		How related to deceased <i>wife</i>			

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Kicked by horse</i>	How long <i>Sudden</i>
Immediate <i>directly over heart</i>	How long <i>Two rubs by chest in several places</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. P. Smith</i>
	Address <i>Forest Hill Ind.</i>
Accident or Suicide?	



Name
in
Full

Charity A. Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Pleasantville ^{County} Warford

MARYLAND

Date of death 1908 ^{Month} May ^{Day} 9 ^{Age} 10 ^{Years} ^{Months} 4 ^{Days} 17

Sex Female ^{Color or Race} colored ^{Birth-place} Md

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Charley Hall

Father's
Birthplace

Md

Mother's
Maiden Name

Annanda Cromwell

Mother's
Birthplace

Md.

Name of person giving
Information

Charley Hall

How related
to deceased

Father

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary

Cerebro Spinal Meningitis

How long

3 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Think so

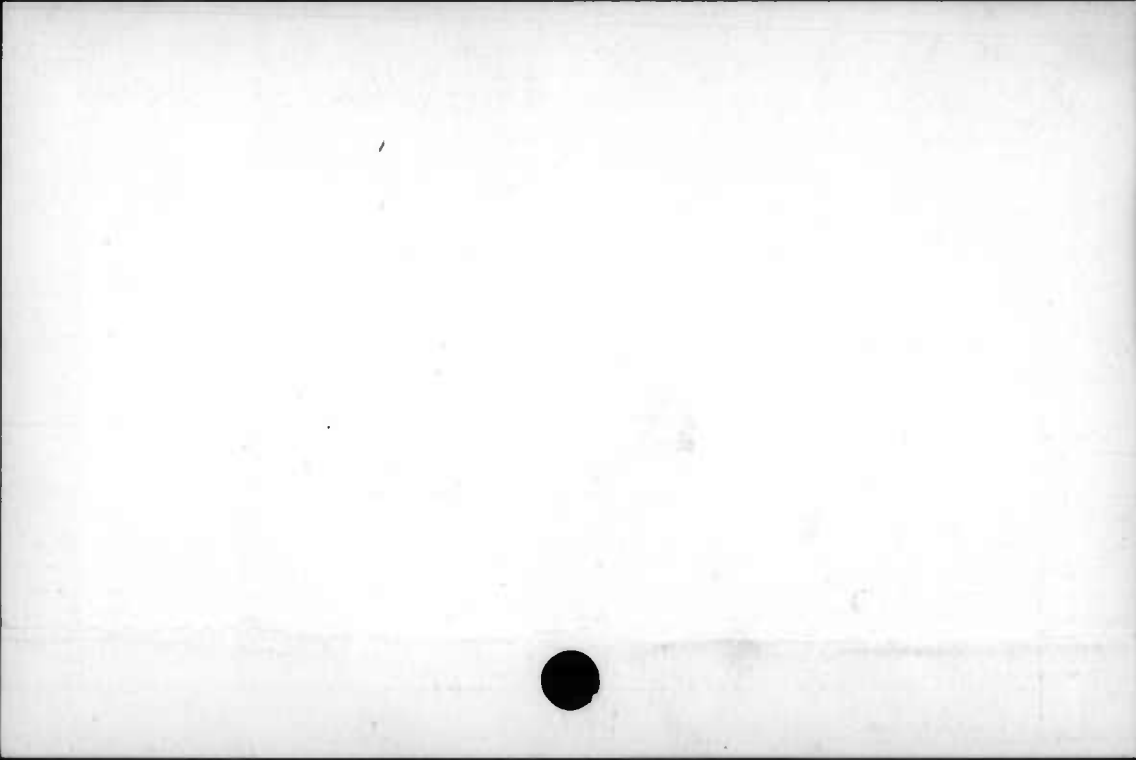
Signature of
Physician

Address

Geo. W. Davis

Pleasantville Md

Accident or Suicide?



Name In Full		Clarence Heaps				CERTIFICATE OF DEATH																
TO BE ANSWERED BY NEAREST FRIEND	Died at		Whitford		County		Hartford		MARYLAND													
	Date of death		1908		Month		May		Day		12		Age		13		Years		Months		Days	
	Sex		Male		Color or Race		White		Birth-place		Ind											
	Occupation		Laborer		Where Residing if not at place of death		Belt Rd															
	Married, Single or Widowed		Single		Name of Wife or Husband																	
	Father's Name		James Heaps		Father's Birthplace		Ind															
	Mother's Maiden Name		Bell Knight		Mother's Birthplace		Ind															
Name of person giving information		James Heaps		How related to deceased		Father																
CAUSES OF DEATH												166										
PHYSICIAN OR CORONER	Primary		Anemia, White & Pink at British Ford		How long																	
	Immediate		Anemia, White & Pink at British Ford		How long																	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. H. E. Arthur															
	Address		Cardiff Ind																			
Accident																						

Ground through a cog wheel mashing every bone
and lacerating nearly every muscle in his body.

Name
in
Full

John Hailton

CERTIFICATE OF DEATH

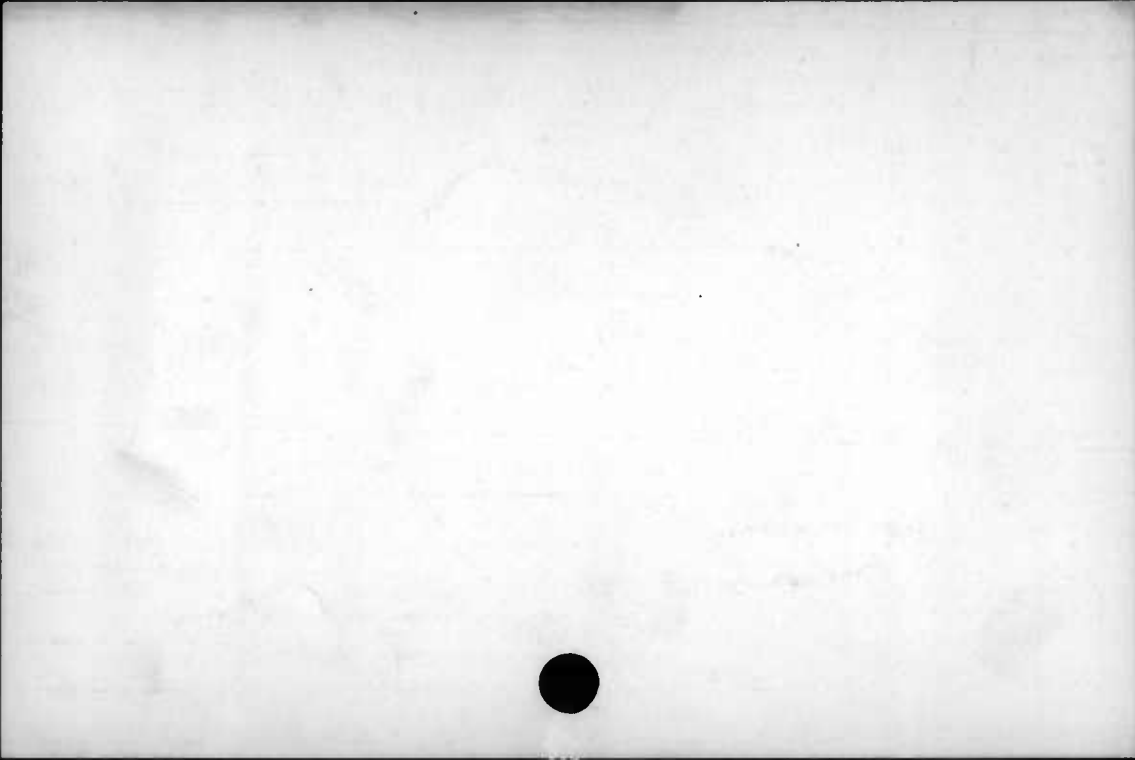
TO BE ANSWERED BY
NEAREST FRIEND

Died at McCallie Ferry <small>Town</small>		Lancaster <small>County</small>		Pennsylvania <small>State</small>	
Date of death 1908	May <small>Month</small>	22 <small>Day</small>	Age 19 <small>Years</small>	- <small>Months</small>	- <small>Days</small>
Sex Male	Color or Race White		Birth-place Lancaster Co. Pa.		
Occupation Laborer	Where Residing if not at place of death McCallie Ferry				
Married, Single or Widowed Single	Name of Wife or Husband None				
Father's Name John H. Hailton	Father's Birthplace Pa.				
Mother's Maiden Name Unknown	Mother's Birthplace Unknown				
Name of person giving information Robert Stokes	How related to deceased None				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Drowned	How long
Immediate Drowned	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Michael H Foley <small>Coroner</small>
	Address
Accident or Suicide?	



Name
in
Full

Sarah O Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Poole</u> <small>Town</small>		<u>Harford</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>5</u> <small>Month</small>	<u>9</u> <small>Day</small>	Age <u>86</u> <small>Years</small>	<u>4</u> <small>Months</small>	<u>2</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Not any</u>	Where Residing if not at place of death <u>---</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>John O Jones</u>				
Father's Name <u>James Jones</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Sarah Pialgas</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Geo Hughes</u>	How related to deceased <u>---</u>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <u>Old Age</u>	How long <u>2 yrs.</u>
Immediate <u>Asphyx</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W B Stark MD</u>
	Address <u>Darlington Md</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

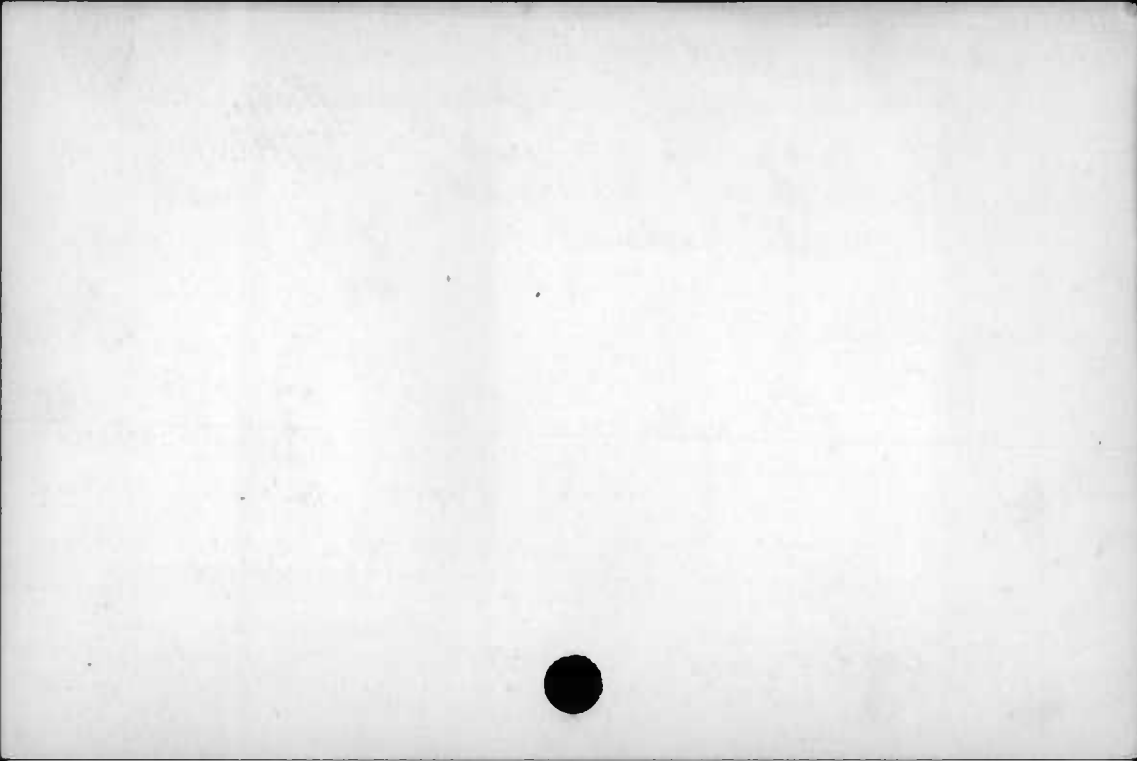
Died at Flintville <small>Town</small>		Harford <small>County</small>		MARYLAND	
Date of death 1908 <small>Year</small>		May <small>Month</small>		23 <small>Day</small>	
Age 54 <small>Years</small>		Months		Days 10	
Sex Male	Color or Race White	Birth-place Chester Co., Pa.			
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Elizabeth Little				
Father's Name Robert Little	Father's Birthplace Ireland.				
Mother's Maiden Name Elizabeth Hamilton	Mother's Birthplace Ireland.				
Name of person giving information Mrs. E. Little	How related to deceased Mother.				

CAUSES OF DEATH

78

PHYSICIAN
OR CORONER

Primary	How long
Immediate Myocarditis.	How long 2 months.
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. H. Tobias.
	Address Darlington, Md.
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *George M. Lyle*

Died at *Bell Air* Town *Harford* County *MARYLAND*

Date of death *1906* Month *May* Day *2* Age *65* Years Months Days

Sex *Male* Color or Race *Black* Birth-place *Ind.*

Occupation *Proprietor Reclama* Where Residing if not place of death *Bell Air Ind.*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Margaret Lyle*

Father's Name *Un Known* Father's Birthplace *Unknown*

Mother's Maiden Name *Un Known* Mother's Birthplace *Unknown*

Name of person giving information *Robert Lyle* How related to deceased *Son*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis Pulm.* How long *7 years*

Immediate *Asthma* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Arnold Vappert*

Address *Bell Air*

Accident or Suicide? ☐

Hudson Hill

Name
in
Full

Ellen Morean

• CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

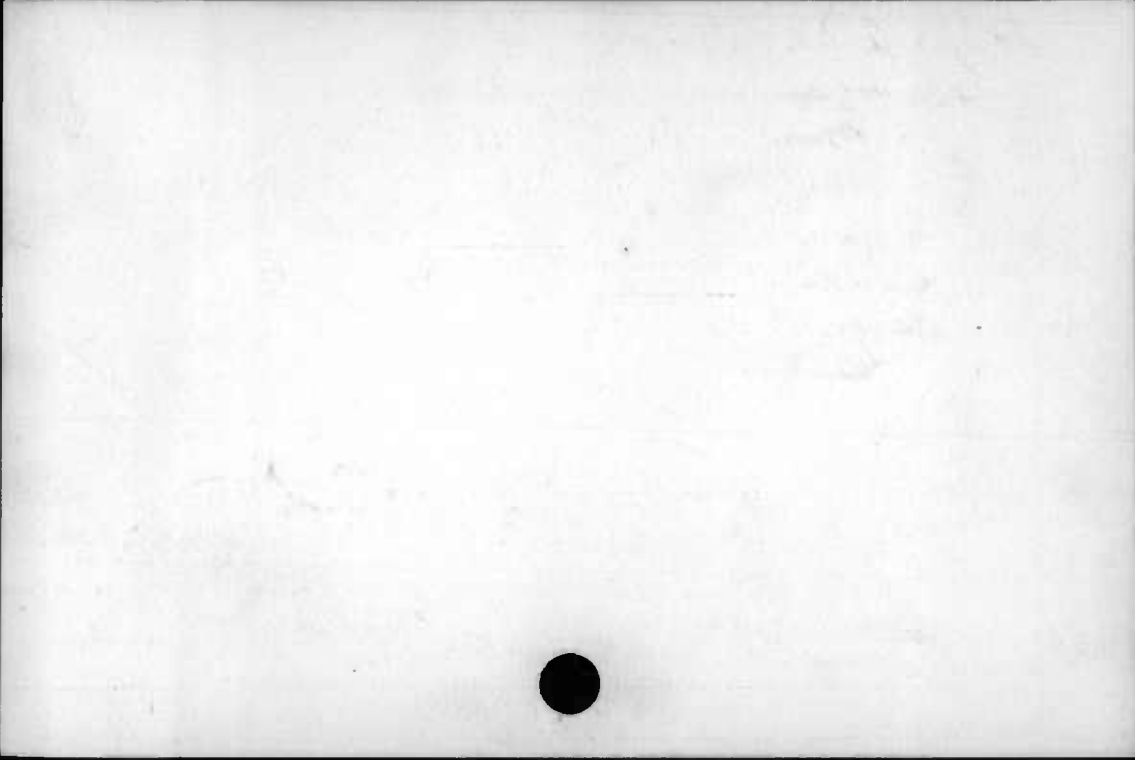
Died at ^{Town} <i>Harrods Grace</i>		^{County} <i>Harford</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>21</i>	Age <i>71</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Delaware</i>		
Occupation <i>House work</i>		Where Residing if not at place of death <i>H de Grace</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>A. B. Morean</i>				
Father's Name <i>Samuel Kenney</i>	Father's Birthplace <i>Delaware</i>		Mother's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>		Name of person giving information <i>Malvine Mitchell</i>		How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

48

PHYSICIAN
OR CORONER

Primary <i>Chronic Arthritis & Heart Complications</i>	How long <i>About 2 yrs</i>
Immediate <i>Ischaemic</i>	How long <i>2 or 3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. H. Smith</i>
	Address <i>Harrods Grace Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

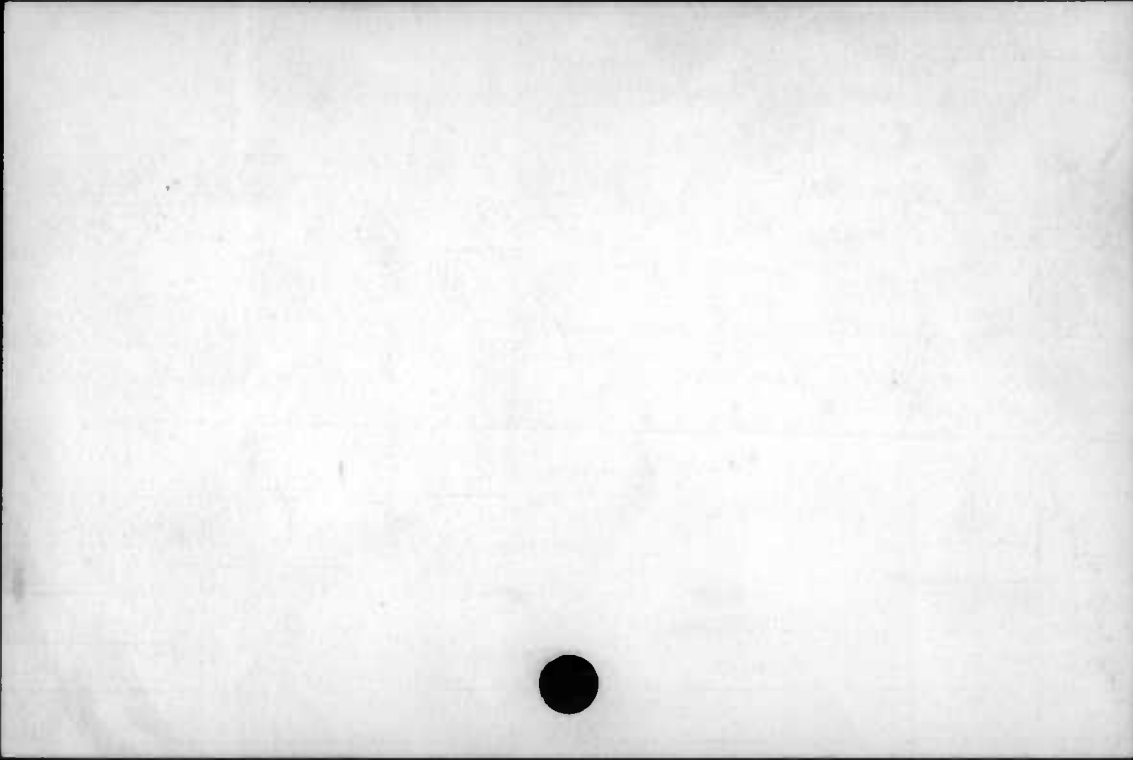
Name in Full <i>U. Moulton</i>		Town <i>Ham-de-Grace</i>		County <i>Harford</i>		STATE OF <i>MARYLAND</i>	
Died at		Month <i>May</i>		Day <i>15</i>		Years <i>40</i>	
Date of death <i>1908</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>W</i>		Birth-place <i>Ind</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Henry A. Osbourn</i>		How related to deceased <i>Not any</i>					

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Woodward Ind</i>	
<i>accidental</i>		Address <i>H. delmore Ind</i>	
Accident or Suicide? <i>Drowned</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Greenwell</i>		County <i>Haynes</i>		MARYLAND	
Date of death	190	Month <i>May</i>	Day <i>31</i>	Age <i>24</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place <i>Ind.</i>				
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Greenwell</i>					
Married, Single or Widowed		Name of Wife or Husband <i>James Barrett</i>					
Father's Name <i>George Banks</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Antia Cooper</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving In formation <i>Antia Cooper</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuber culosis</i>	How long <i>one year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>William S. Archer</i>
	Address <i>Bel Air Md</i>
Accident or Suicide?	

Asbury

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

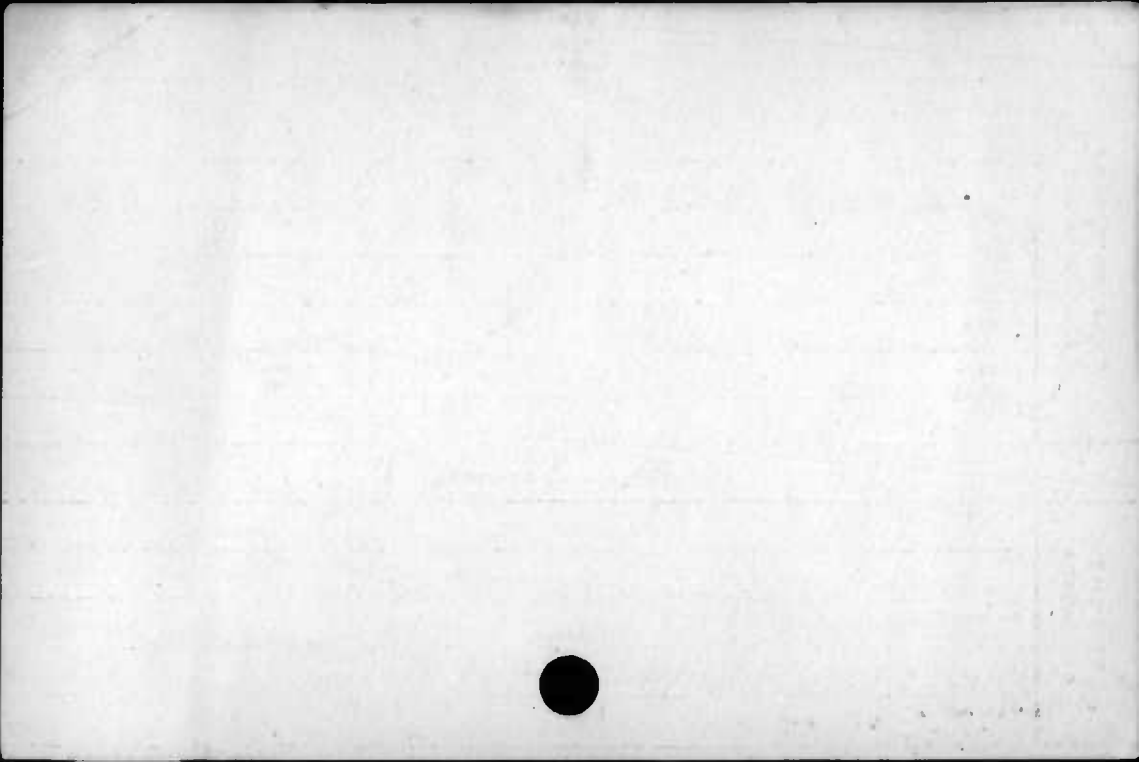
Died at <i>Wheel</i>		Town <i>Harford</i>		County <i>Harford</i>		MARYLAND	
Date of death	1908	Month	May	Day	29	Age	78
Sex	Female	Color or Race	White	Years	8	Months	4
Occupation	Housekeeper		Where Residing if not at place of death		Wheel		
Married, Single or Widowed	Widow		Name of Wife or Husband <i>Charles Sumard</i>				
Father's Name	<i>Lavi Hubbard</i>					Father's Birthplace	unknown
Mother's Maiden Name	<i>unknown</i>					Mother's Birthplace	unknown
Name of person giving information	<i>Her daughter</i>					How related to deceased	daughter

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Brain Clot</i>	How long	<i>Two years</i>
Immediate	<i>General Paralysis</i>		
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		
Signature of Physician	<i>Charles Bagley M.D.</i>		
Address	<i>Bagley M.D.</i>		
Accident or Suicide?	<i>.</i>		



Name in Full Kate Sheridan,		CERTIFICATE OF DEATH	
Died at Town Churchville		County Stanford	
Date of death 1908		Month 5 Day 28 Age 73 Years Months Days	
Sex Female		Color or Race White	
Occupation Housewife		Birth-place Churchville, Md.	
Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband Gas. Sheridan	
Father's Name Jacob James		Father's Birthplace Churchville	
Mother's Maiden Name Sarah Gilbert		Mother's Birthplace Md.	
Name of person giving information Harry C. Sheridan		How related to deceased Son	
CAUSES OF DEATH			
Primary Softening of the brain -		How long 4 months	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. S. Gorsuch M.D.	
		Address Churchville, Md.	
Accident or Suicide?			



Name in Full		TOWN				COUNTY		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		TOWN		COUNTY		MARYLAND	
		Date of death		Month	Day	Age	Years	Months	Days
		Sex		Color or Race		Birthplace			
		Occupation		Where Residing if not at place of death					
		Married, Single or Widowed		Name of Wife or Husband					
PHYSICIAN OR CORONER		Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
		Name of person giving information		How related to deceased					
		CAUSES OF DEATH		Primary		How long			
				Immediate		How long			
				Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
		Accident or Suicide?							



Name
in
Full

Anetta Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

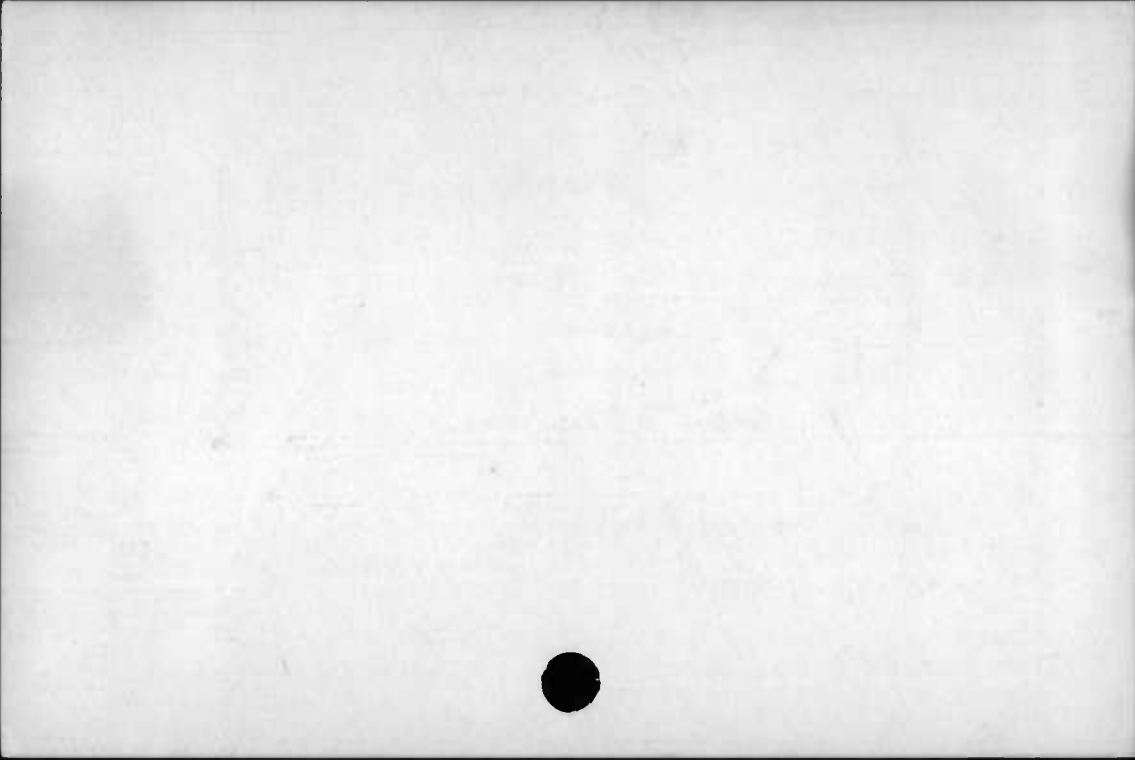
Died at <i>Havre de Grace</i> <small>Town</small>		<i>Hanford</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>29</i>	Age <i>2</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>col.</i>		Birth-place <i>H.D.G.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Taylor</i>			Father's Birthplace <i> Md</i>		
Mother's Maiden Name <i>Rosetta Bowser</i>			Mother's Birthplace <i> Md</i>		
Name of person giving information <i>Rosetta Bowser</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <i>Whooping cough</i>	How long <i>2 weeks</i>
Immediate <i>complication</i>	How long <i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. L. Hopkins</i>
	Address <i>Havre de Grace</i>
Accident or Suicide?	



Name
in
Full

Carrie Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <u>Harrods Grace</u>		^{County} <u>Harford</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>28</u>	Age <u>—</u> Years	Months <u>2</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Harrods Grace</u>		
Occupation <u>none</u>			Where Residing if not at place of death " " "		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>none</u>			
Father's Name <u>George Thompson</u>			Father's Birthplace <u>Harford Co.</u>		
Mother's Maiden Name <u>Mabel Birtley</u>			Mother's Birthplace <u>Harrods Grace</u>		
Name of person giving information <u>Mabel Thompson</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <u>Sick from birth</u>	How long <u>2 months</u>
Immediate <u>—</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Geo T. Pennington Undertaker</u>
	Address <u>Harrods Grace</u>
Accident or Suicide?	



Name
in
Full

Mrs. Susan Wakeland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Churchville^{County} Harford

Date of death 1908 May 12

Age 73

Months 7

Days 7

Sex Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

James B. Wakeland

Father's
Name

Elisha Greenland

Father's
Birthplace

Maryland

Mother's
Maiden Name

Ann Osborne

Mother's
Birthplace

Maryland

Name of person giving
In formation

Mary A. Wakeland

How related
to deceased

Daughter

CAUSES OF DEATH

10

Primary

La Grippe

How long

Four days

Immediate

Disease of Heart

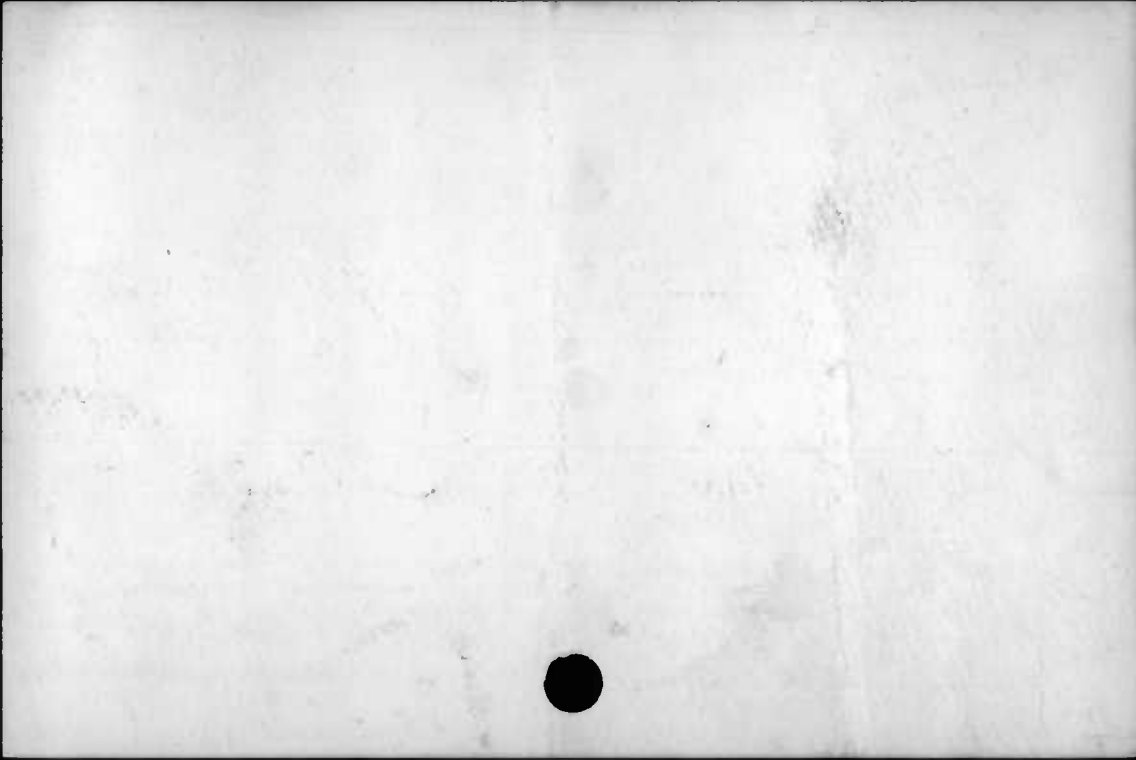
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Dr. H. Roberts
Churchville

Accident or Suicide?



Name
in
Full

William H Wilmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Perryman Town Hayward County

Date of death 1908 Month May Day 13 Age 73 Years Months — Days —

Sex Male Color or Race Black Birth-place Maryland

Occupation Farmer Where Residing if not at place of death Perryman

Married, Single or Widowed Married Name of Wife or Husband Clara Wilmer

Father's Name Joseph S Wilmer Father's Birthplace Hayward

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information Mother Wilmer How related to deceased Mother

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary Apoplexy

Immediate Paralysis

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Accident or Suicide?

